

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

**FILED**

**NOV - 8 2006**

TERESA L. DEPPNER, CLERK  
U.S. District Court  
Southern District of West Virginia

Michael Terrell

1130200

(Enter above the full name of the plaintiff  
or plaintiffs in this action).

(Inmate Reg.# of each Plaintiff)

VERSUS

CIVIL ACTION NO. CA 5:06-0334  
(Number to be assigned by Court)

Fayette County Sherriff's Dept

Officer Pete Lopez

Detective Sizemore

(Enter above the full name of the defendant  
or defendants in this action).

**COMPLAINT**

**I. Previous Lawsuits**

- A. Have you begun other lawsuits in state or federal court  
dealing with the same facts involved in this action or  
otherwise relating to your imprisonment?

Yes       

No ✓

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs:

N/A

Defendants:

2. Court (if federal court, name the district; if state court, name the county):

3. Docket Number:

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit:

7. Approximate date of disposition:

II. Place of Present Confinement: \_\_\_\_\_

A. Is there a prisoner grievance procedure in this institution?

Does Not Apply Yes ☒ No ☐

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ☐ No ☒

C. If your answer is YES:

1. What steps did you take? N/A

2. What was the result? N/A

D. If your answer is NO, explain why not: Complaint Not

Against this Institution

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Michael Terrell 1130200

Address: South Central Regional Jail

B. Additional Plaintiffs and Address: \_\_\_\_\_

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant Fayette County Sheriff's Dept.  
Officer Pete Lopez  
Detective Sizemore

is employed as Law Enforcement Officers  
at Fayette County Sheriff's Dept.

D. Additional defendants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheet if necessary).

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**IV. Statement of Claim (continued):**

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**V. RELIEF**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

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V. Relief (continued)

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VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

Inmate Legal Rep

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes \_\_\_\_\_

No ☒

If so, state the name(s) and address(es) of each lawyer contacted:

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If not, state your reasons: No Access To Legal

Help

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes \_\_\_\_\_

No ☒

If so, state the lawyer's name and address:

\_\_\_\_\_  
\_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Michael Penell*

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_  
(Date)

*Michael Penell*

Signature of Movant/Plaintiff

\_\_\_\_\_  
Signature of Attorney  
(if any)